

## TYPE III SCHOOL BUS WEEKLY PRE-TRIP INSPECTION REPORT

District / Carrier \_\_\_\_\_ Dates \_\_\_\_\_

Bus Number \_\_\_\_\_ Starting Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_

Driver Name / Driver Designee \_\_\_\_\_

	CHECKED			CHECKED	
	Ok	Defect		Ok	Defect
<b>MECHANICAL CHECK:</b> ***Hood <u>MUST</u> be opened***					
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>			
Oil level	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Alternator	<input type="checkbox"/>	<input type="checkbox"/>			
Water pump	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering pump	<input type="checkbox"/>	<input type="checkbox"/>			
Check belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>			
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel: tire, lugs, rims	<input type="checkbox"/>	<input type="checkbox"/>			
Brakes: drum, rotators, lining, fluid (level / leaks), parking	<input type="checkbox"/>	<input type="checkbox"/>			
Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel gauge (level)	<input type="checkbox"/>	<input type="checkbox"/>			
<b>EXTERNAL INSPECTION:</b>					
Lights: signal, stop, headlights, license plate light	<input type="checkbox"/>	<input type="checkbox"/>			
Doors and mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Window glass	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>			
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>			
<b>INTERNAL INSPECTION:</b> (Engine running, parking brake on)					
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>			
Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting indicators	<input type="checkbox"/>	<input type="checkbox"/>			
Steering play	<input type="checkbox"/>	<input type="checkbox"/>			
Horn	<input type="checkbox"/>	<input type="checkbox"/>			
Clutch/gearshift	<input type="checkbox"/>	<input type="checkbox"/>			
Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>			
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield	<input type="checkbox"/>	<input type="checkbox"/>			
Wipers / Washer	<input type="checkbox"/>	<input type="checkbox"/>			
Safety/emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>			
fire extinguisher					
first aid, body fluid cleanup kit					
seat belt cutter					
Seats secure	<input type="checkbox"/>	<input type="checkbox"/>			
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>			
Child restraints / car seats	<input type="checkbox"/>	<input type="checkbox"/>			
<b>WHEELCHAIR – N/A</b> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Anchor points, belts, straps, lift inspection, interlock safety system functional					

Driver Comments or explanation of defect(s) discovered:

<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>

Repairs completed by: \_\_\_\_\_ Date: \_\_\_\_\_